



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	Group Art Unit: 2631
)	
William E. Betts)	Examiner: Khanh C. Tran
)	
Serial No.: 09/785,366)	Confirmation No.: 5031
)	
Filed: 2/16/01)	Docket No.: 61607-1580
)	
For: SYSTEMS AND METHODS)	
FOR FRACTIONAL BIT RATE)	
ENCODING IN A)	
COMMUNICATION SYSTEM)	

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on 3/20/06.

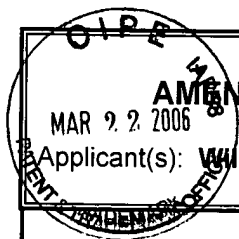
Stephanie Riley
Stephanie Riley

RESPONSE AND AMENDMENT
TO FOURTH (FINAL) OFFICE ACTION

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

The final Office Action mailed January 23, 2006 has been carefully considered. In response thereto, please consider the following remarks.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

MAR 22 2006

Applicant(s): **William Betts**

Docket No.

061607-1580Serial No.
09/785,366Filing Date
2/16/01Examiner
Khanh C. TranConfirmation No.
5031Group Art Unit
2631Invention: **Systems and Methods for Fractional Bit Rate Encoding in a Communication System****Commissioner for Patents****Mail Stop AF****P.O. Box 1450****Alexandria VA 22313-1450**

Transmitted herewith is a Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	94 -	91 =	3	X \$50.00	\$150.00
INDEP. CLAIMS	7 -	8 =	0	X \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 110.00	2 ND MONTH <input type="checkbox"/> 430.00	3 RD MONTH <input type="checkbox"/> 980.00	4 TH MONTH <input type="checkbox"/> 1,530.00	\$
Other Fees: RCE					\$790.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$940.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. 16-0255 in the amount of \$0.00.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$940.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Scott A. Horstemeyer, Reg. No. 34,183
Date